

FORM TO BE USED BY A PRISONER FILING A  
42 U.S.C. § 1983 CIVIL RIGHTS COMPLAINT  
IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

I. CAPTION

WILLIAM OMAR MEDINA  
(Enter the full name of the plaintiff or plaintiffs)

v.

ALFRED HALLMAN L.C.P. Food Administration Supervisor (TRINIT)  
L.C.P. Administrator Douglas Mette  
Warden Russell, Kyle  
(Enter the full name of the defendant or defendants)

II. PARTIES

a. Plaintiff

Full name: WILLIAM OMAR MEDINA

Prison Identification number: # 73276

Place of present confinement: Lehigh county Prison

Address: 38 N. 4th Street Allentown PA

Place of confinement at time of incidents or conditions alleged in complaint, including address:

Kitchen Pod 3B / Line Worker at 38 N. 4th St Allentown PA

Additional plaintiffs: Provide the same information for any additional plaintiffs on the reverse of this page or on a separate sheet of paper.

b. Defendants: (list only those defendants named in the caption of the complaint, section I)

1. Full name including title: ALFRED HALLMAN

Place of employment and section or unit: L.C.P. Food Supervisor

2. Full name including title: Douglas Mette

Place of employment and section or unit: L.C.P. Administrator

3. Full name including title: Warden Russell, Kyle

Place of employment and section or unit: Warden of L.C.P.

4. Full name including title: \_\_\_\_\_

Place of employment and section or unit: \_\_\_\_\_

Additional defendants: Provide the same information for any additional defendants on the reverse of this page or on a separate sheet of paper.

### III. PREVIOUS LAWSUITS

**Instructions:**

If you have filed other lawsuits in any federal or state court dealing with the same facts as this complaint or other facts related to your imprisonment, you must provide the information requested below. If you have not filed other lawsuits, proceed to Section IV, Administrative Remedies, on this page.

If you have filed other lawsuits, provide the following information.

Parties to your previous lawsuit:

Plaintiffs WILLIAM MEDINA

Defendants \_\_\_\_\_

Issues: Fact and unusual Punishment

Court: if federal, which district? Easter District of PA

if state, which county? Lehigh County

Docket number: 16-6404 Date filed: N/A

Name of presiding judge: NA

Disposition: (check correct answer(s)): Date: N/A

Dismissed ☒ Reason? Address charged

Judgment \_\_\_\_\_ In whose favor? \_\_\_\_\_

Pending \_\_\_\_\_ Current status? \_\_\_\_\_

Other \_\_\_\_\_ Explain \_\_\_\_\_

Appeal filed? \_\_\_\_\_ Current status? \_\_\_\_\_

Additional lawsuits. Provide the same information concerning any other lawsuits you have filed concerning the same facts as this action or other facts related to your imprisonment. You may use the back of this page or a separate sheet of paper for this purpose.

### IV ADMINISTRATIVE REMEDIES

**Instructions:**

Provide the information requested below if there is an administrative procedure to resolve the issues you raise in this complaint. Examples of administrative procedures include review of grievances, disciplinary action, and custody issues. If no administrative procedures apply to the issues in this complaint, proceed to Section V, Statement of Claim, on page 4.



- a. Describe the administrative procedures available to resolve the issues raised in this complaint:

Type of procedure. (grievance, disciplinary review, etc.)

Grievance, Request Slip,

Authority for procedure. (DC-ADM, inmate handbook, etc.)

Inmate handbook

Formal or informal procedure.

Who conducts the initial review? Douglas Mette and  
Warden Russell, Kyle

What additional review and appeals are available? Grievance to  
Warden which in return was  
denied

- b. Describe the administrative procedures you followed to resolve the issues raised in this complaint before filing this complaint:

On what date did you request initial review? 8.1.19

What action did you ask prison authorities to take? Review Camera's talk to  
individual's listed on request who were present.

What response did you receive to your request? "You already work  
in the kitchen you will not be removed from this  
job-

What further review did you seek and on what dates did you file the requests? Talked to  
Supervisor of kitchen Rich on October 28, 2018  
regarding sexual harassment.

What responses did you received to your requests for further review?

I was written up by Alfred Hallman on 10.31.19  
Warden claimed I wasn't at risk of imminent  
sexual abuse on 12/30/19 and Douglas Mette on 1/25/20

- c. If you did not follow each step of the administrative procedures available to resolve the issues raised in this complaint explain why?

I did follow every procedure and was denied by  
administration and wrote The District Attorney  
to file charges against Alfred Hallman

V. STATEMENT OF CLAIM

Instructions:

State here as briefly as possible the facts of your case. Use plain language and do not make legal arguments or cite cases or statutes. State how each defendant violated your constitutional rights. Although you may refer to any person, make claims only against the defendants listed in the Caption, Section I. Make only claims which are factually related. Each claim should be numbered and set forth in a separate paragraph with an explanation of how the defendants were involved. Use the reverse of this page or a separate sheet of paper if you need more space.

Statement of Claim: violation OF 4TH & 8TH Amendment regarding when

I complained to supervisor Rich Supervisor OF PREA @ kitchen on 10/27/19 Before that I wrote a request to Megan Corch on 8-1-19 she is Case Manager OF 3B Pod worker's unit. She denied me removal OF job; Thus denying me to be protected From being sexually and verbally harrassed, Alfred Hallman continued to sexually harrass me in front of co worker inmates thinking it was a joke while verbally and mentally abusing me. Calling me numb nuts everyday and then inviting me to suck his dick on 10/27/19

I've suffered Emotional distress reported to mental health and Increased OF Symbolta anxiety medication the Punitive Damage OF Mental health has effected me and left me mentally scared. Staff has abused their power violating Constitution OF Cruel and unusual punishment by not getting me help and writting me up as revenge for reports VI. RELIEF

Instructions: Briefly state exactly what you want the Court to do for you.

Relief sought:

Charges brought against Alfred Hallman For PREA compensation OF Punitive damages OF Mental health, Depression and Anxiety and Emotional distress Cost For Pain and suffering due to Abuse OF Power and Cruel and unusual Punishment.

VII. DECLARATION AND SIGNATURE

I (we) declare under penalty of perjury that the foregoing is true and correct.

3.1.2020

DATE

William Medina

SIGNATURE OF PLAINTIFF(S)



## PART I

LEHIGH COUNTY  
DEPARTMENT OF CORRECTIONSMISCONDUCT  
REPORT

FACILITY LCJ	LOCATION KITCHEN	DATE: 10/31/19	TIME: 24 HR. BASE 0915	REPORT NUMBER L19.205
INMATE NAME William Medina		ID NUMBER 73276	QUARTERS 3B-22-2	
OTHER INMATES INVOLVED		NUMBER	WITNESSES	

<del>DISRESPECT</del> <del>TO STAFF</del> Refusing To Obey Verbal Order Disruption with order Running of The Institution.	CITED CHARGE (S)	CATEGORY - SUPERVISOR ONLY	
		MAJOR [ ]	MINOR [ ]
		MAJOR [ ]	MINOR [ ]
		MAJOR [ ]	MINOR [ ]
		MAJOR [ ]	MINOR [ ]

## Staff member's version

William Medina # 73276 Told Me I WASN'T  
doing my job. I HAVE TO Tell him 10 TIMES before  
he does what I WANT.

He Disrupts the Kitchen while Food line  
is Running. He is always talking loudly.

He cannot stay in his work area always  
roaming around Kitchen.

REPORTING STAFF PERSON (print name) ALFRED HALLMAN	(Signature) <i>Alfred Hallman</i>
IMMEDIATE ACTION TAKEN Suspended from inmate Job	Approved by supervisor Print: Lt Duse Signature: <i>[Signature]</i>
HEARING ACTION FORM & INMATE VERSION FORM Given _____ TIME: 1235 DATE: 10-31-19 BY: <i>[Signature]</i>	
Al alcance al pedirlo	Translation requested? Yes <input type="radio"/> No <input checked="" type="radio"/>
	Translated? Yes <input type="radio"/> No <input checked="" type="radio"/>



# INMATE FORMAL GRIEVANCE, PART II

STAFF USE ONLY  
19-0443  
GRIEVANCE #

INMATE NAME: WILLIAM MEDINA INMATE #: 73276 DATE: 12-12-19

C. Grievance is: ☐ Upheld ☐ Denied ☒ Rejected ☐ Other

## D. Findings:

Per the Inmate Grievance Policy, your Grievance is rejected in addressing multiple issues in one grievance. In addition, misconducts are non-grievable issues and follow a separate appeal process. Furthermore, you failed to properly complete Part B of your Grievance. You also submitted your Grievance past the allotted 21 calendar days from the event date that triggered your Grievance. However, your Grievance was investigated by a Grievance Coordinator and this Grievance was investigated by a Grievance Coordinator. The conclusion of the investigation is that your claim of Kitchen Supervisor Al Hallman verbally harassing is unsubstantiated.

Investigating Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grievance Coordinator signature: Douglas Mett Date: 12-12-19

E. Appeal: If appealing above decision, use Pink copy and send it to Warden. Provide the reason why you are appealing the above decision. Include all facts. You cannot exceed the space below and one additional one-sided 8 1/2" x 11" piece of paper. See Policy 3.5.1.J., Inmate Grievances, for more information.

Inmate signature/Date

White copy-Grievance Coordinator Yellow copy-Findings to Inmate Pink copy-Inmate Appeal Gold copy-Inmate



## Part II B

LEHIGH COUNTY  
Department of CorrectionsMISCONDUCT  
INMATE VERSION

INMATE NAME (Nombre del encarcelado)

ID NUMBER: (numero)

REPORT #

William Medina

73276

L19,2005

You have been charged with a misconduct. This form is intended to give you the opportunity to prepare your version of the incident prior to the hearing.

If presented at the time of your hearing, this form will be attached to all other related misconduct forms and retained as part of your permanent record.

Usted ha sido acusado de una mala conducta. Este formulario es con la intencion de darle la oportunidad para que prepare su version del incidente de su audiencia.

Si es presentado en el momento de su audiencia, este formulario sera mantenido con todos los otros formularios relacionados de mala conducta y retenido como parte de su record permanente.

Working House of 5 am - 9:15 I can be seen working on Camera 3 on 10-3-14, I actually never stopped working, I had advised Al Hallman to get us work release plastic trays after setting up line with beans and Macaroni. Mr. Hallman is known to all inmates to be Disrespectful, unprofessional and abusing his authority due to being Misable at age of 77 yrs old towards us. I simply asked him to get us work release trays from office and he snarled out and said "You telling me to do my job flipped the box of different trays, seen there was no trays and told me I had to go up. I went up with no argument and advised the Co. to be a witness if anything. However this man is lying and as Camera's will show I never refused to work. I had been working since 5:30 when we got there, and I had no intention of action in Disrupting the line as he did on this misconduct and my three Co workers will attest to the truth. Moreover the Camera's will show I never stopped working. I give this man utmost respect and as you can see he crossed of that charge bc he knows he would lie, and I give him a helping hand w/ anything heavy due to blessing.

Inmate's Signature (Firma del encarcelado)

Date (fecha)

Hearing Board Chairperson



Part A		LEHIGH COUNTY Department of Corrections		HEARING ACTION FORM	
FACILITY <u>CCJ</u>	LOCATION <u>Kitchen</u>	INCIDENT DATE <u>10/31/19</u>	TIME: 24 hour base <u>0915</u>	REPORT NUMBER <u>L19,205</u>	
INMATE NAME <u>William Medina</u>			ID NUMBER <u>73276</u>	HEARING DATE <u>  /  /  </u>	
Tracucción en Español de este formulario esta disponible.					
<p>You have been charged with a misconduct. You have options regarding the number of persons involved in resolving your hearing, appeal opportunity, representation and witnesses. This form must be completed and presented to your Housing Unit Officer within 24 hours after the misconduct was served if you are requesting any of the options cited below.</p>					
<b>HEARING FORMAT:</b> <input type="checkbox"/> I request a hearing in front of the Hearing Board Chairperson alone. I understand that I will have the opportunity to submit an appeal for further consideration of any findings or sanctions imposed. My hearing will normally be held within six business days. ** By taking no action (not checking off the box above, or not submitting this form) your hearing will be conducted by the Hearing Board Chairperson alone. <input checked="" type="checkbox"/> I request a hearing in front of a three-member committee. I understand that by selecting this option I have no opportunity to appeal the findings of the committee. My hearing will normally be held within ten business days.					
<b>ASSISTANCE:</b> <input checked="" type="checkbox"/> I request the assistance of <u>C.O. O'Donnell</u> ** The person requested must be willing to assist you.					
<b>WITNESSES:</b> You may request up to three witnesses. State the relevance and importance of the testimony the witness will give.					
1. Name of Witness: <u>Kwasi Kirtson 17355</u> Why is this person's testimony relevant and important? <u>17355</u> <u>I'm always working as witness will attest, however this man is 74 yrs old and is 14.05 as CO and Inmate will attest I only asked for trays</u>			DO NOT WRITE IN THIS SECTION Witness permitted? If not, why not?		
2. Name of Witness: <u>Ismael Soto 0192947</u> Why is this person's testimony relevant and important? <u>Camera's will show us working entire shift I asked for trays and was lied on in misconduct as Camera's will prove.</u>			Witness permitted? If not, why not?  <u>Kelley, James Martin</u>		
3. Name of Witness: <u>Cassey Rowedder 1952</u> Why is this person's testimony relevant and important? <u>CO worker will attest to truth about Al Hammer's cell and I respect simply asked for trays and was sent up.</u>			Witness permitted? If not, why not?  <u>walker Elijah Marcel</u>		
<u>Allen Brown</u> Inmate's Signature			<u>Allen Brown</u> Hearing Board Chairperson Signature		
Housing Unit Officer Signature		Time/Date			



## PART II

LEHIGH COUNTY  
DEPARTMENT OF CORRECTIONS

## MISCONDUCT HEARING REPORT

FACILITY LC	LOCATION/Local Kitchen	INCIDENT DATE: 10/31/19	TIME: 24 HR. BASE 1015	REPORT NUMBER 119705
INMATE NAME/nombre del encarcelado William Medina		NUMBER/numero 13276	HEARING DATE 11/14/19	
CHARGES/cargo de mala conducta		PLEA/contesar al cargo		

Refuse Orders  
Disruption

Not Guilty  
Not Guilty

## INMATE'S VERSION/version del encardaiado

I was working the whole time.  
I didnt disrespect him at all  
I asked him I needed black trap, and  
he said up dont tell me what to do  
And then told me to go upstairs

- See Inmate Version -

## HEARING BOARD MEMBERS

11/14/19  
10/12/19  
11/14/19

Chairperson

Tracy Kester

TACM

Wanda Perez

TACM

Alfred Hallman

STAFF MEMBER FILING CHARGES



William Omar Medina #73276  
LEHIGH COUNTY PRISON  
38 NORTH 4<sup>TH</sup> STREET  
ALLENTOWN, PA 18102

3/20



U.S.M.S.  
X-RAY

KATE BARKMAN  
UNITED STATES DISTRICT CT.  
EASTERN DISTRICT OF PA.,  
2609 U.S. COURTHOUSE  
601 MARKET STREET  
Philadelphia, PA. 19106-1797

1910631796 0019

